TRAVEL VOUCHE	R 1. DEI	PARTMENT OR I	ESTABLISHMENT, OR OFFICE	2. TYF		OF TRAVEL	3. VOUCHER NO.			
TRAVEL VOUCHE (Read the Privacy A Statement on the back)	ACT				 P	EMPORARY DUTY ERMANENT CHANGE OF STATION	4. SCHEDULE NO.			
a. NAME (Last, first, middle	e initial)					AL SECURITY NUMBER	6. PERIOD OF TRAVEL			
							a. FROM	b. TO		
c. MAILING ADDRESS (Inc.) c. PRESENT DUTY STATIC										
c. MAILING ADDRESS (Inc.	lude ZIP Code	e)			d. OFFI	CE TELEPHONE NO.	7. TRAVEL AUTHORIZATION			
띪							a. NUMBER(S) b. DATE(S)			
VEI										
e. PRESENT DUTY STATIO	NI .		f. RESIDENCE (Cit	ty and Statal			-			
-l		1. NESIDENCE (Ch	y and State)			10. CHECK NO.				
ις.							TO. CITECK NO.			
8. TRAVEL ADVANCE			9. CASH PAY	MENT RE	CEIPT		11. PAID BY			
a. Outstanding			a. DATE RECEIVED b. AMO			UNT RECEIVED	1			
b. Amount to be applied			1		\$					
c. Amount due Government			c. PAYEE'S SIGNA	ATURE	•					
(Attached: Check	Cash)	,								
d.Balance outstanding	T							Toursday's Julians		
12. GOVERNMENT TRANSPORTATION		-		•	•	parties in connection with procedures (FPMR 101)		Traveler's Initials		
TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PUR-	tranoportua	on onargos acoc	<u> </u>	loca andor oc	Jon payme					
CHASED WITH CASH (List by number below	AGENT'S		MODE, CLASS OF	DATE		PO	DINTS OF TRAVE	L		
and attach passenger coupon; if cash is used	OF TICKE		SERVICE AND ACCOM-	ISSUE	ĒD	FROM		ТО		
show claim on reverse side.)	(a)	(b)	MODATIONS (c)	(d)		(e)		(f)		
13 I certify that this vouche						payment or credit has not gincurred during the period				
covered by this voucher.	поп арриоавто	, por alorri olairi	54 15 B4554 511 416 1	avorago coot	o. loug.i.	DATE				
TRAVELER SIGN HERE					<i>5</i> /(12		AMOUNT CLAIMED			
				·'·· (00 II 0	0 0514		CLAINLD	\$		
NOTE: Falsification of an it of not more than \$10						and may result in a fine 87; i.d. 1001).				
14. This voucher is approved.					iry	17. FOR FINANCE O	FFICE USE ONLY			
in the interest of the Gove the approving official must	have been at	uthorized in writi				COMPUTA	TION	\$		
department or agency to s	so certify (31	U.S.C. 680a).				a.DIFFER- ————— ENCES,				
APPROVING				DATE		IF ANY (Explain				
OFFICIAL				and show amount)						
SIGN HERE						L TOTAL VEDICIED CODE	DECT FOR			
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL					b. TOTAL VERIFIED CHARGE TO APP					
a. VOUCHER NO.		c. MONTI YEAR	TI OL			ا				
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT						Certifier's Initials: c. APPLIED TO TRAVEL A	DVANCE	\$		
AUTHORIZED,	OILLA IMENI	DATE		(Appropriation symbol):		s				
CERTIFYING			-	NET TO TOA	/ELED	¥				
OFFICIAL SIGN HERE						d. NET TO TRAN	VELEK	Ś		
18. ACCOUNTING CLASSIFICA	ATION			-						

		INSTRUCTIONS TO TRAVE	Complete this PAGE											
SCHEDULE OF EXPENSES		Col. (c) If the voucher includes Com- Col. (d) Show amount incurred for each meal, including tax and tips, an										information of if this is a		
		per diem allowances for		plete only (g) \(\) daily total meal cost. Show expenses, such as: laundry, cleaning and pressing of clo to bellboys, porters, etc. (other than for meals).								continuation		
		members of employee's immediate family, show	on									sheet.		
	IJLJ	members' names, ages,		for (i) Complete for per diem and actual expense travel. actual (j) Show total subsistence expense incurred for actual expense tra expense (m) Show per diem amount, limited to maximum rate, or if travel on								TRAVEL AUTH	ORIZATION	
AND		and relationship to em-										vel.		
AMOUNTS		ployee and martial status		travel expense, show the lesser of the amount from col. (i) or maxim							im rate.			
CLAIM	IED	of children (unless infor- mation is shown on the	(n) Show expenses, such as: taxi/limousine fares, air fare (cash), local or long distance telephone calls for Governm							are <i>(if purch</i>	ased with	TRAVELER'S LAST NAME		
		travel authorization.)						other than sub		cirillicit bu	3111033,			
	TIME	·	ITEMIZED SUBSISTENCE EXPENSES									AMOUNT CLAIMED		
DATE TIMI	(Hour	DESCRIPTION (Departure/arrival city, per diem		Λ.	1EALS		MISCEL-			RATE:				
19and am/pm)		(Departure/arrival city, per diem computation, or other explanations	DDE AIK	T 1V	ILALS		LANEOUS	LODGING	TOTAL		- NAIL EA OF		OTHER	
(a)		of expense)	BREAK- FAST	LUNCH	DINNER	TOTAL	SUBSIS- TENCE	LODGING	SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(1)	(m)	(n)	
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If addition	onal enace	is required, continue on another Cl	= 1012 /	V BVCh	loaving	the front	hlank		SUBTO	TALS				
ii additi(onai space	is required, continue on another SI	- 1012-4	4, DACK	, leaving	tile iront	DIGIIK.		TO	TALS				
In compliance with the Privacy Act of 1974, the following information is provided: civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a								Enter grand total of columns (I), (m),						
Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as requirement by this agency in connection with the hiring or firing of an employee, the implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July									and (n), below and in Item 13 on the					
22, 1971, E.Ó. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and														
information is to determine payment or reimbursement to eligible individuals for E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification allowable travel and/or relocation expenses incurred under appropriate administrative number; disclosure is MANDATORY on vouchers claiming travel and/or relocation							identification							
Government	t. The infor	mation will be used by officers and employen in the performance of their official duties	es who h	nave a	your SSN a	ind other red	uested informa	tion is voluntary	in all other instancuired to support	es; however,	AMOUNT			
may be di	isclosed to	appropriate Federal, State, local or foreign					reimbursement.	aii OOiv, lequ	and to support	ano ciaim may	CLAIIVIED			
reievant to										CTAN	IDARD EOR	M 1012 BACK (D	EV 10 77)	